

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593946

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1				
3		1				
4		1				
5		1				
6		3				
7		⓪				
8		⓪				
9		⓪				
10		⓪				
11						1
12						1
13						1
14						1
15						1
16						1
17						1
18						1
19						1
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50						
TOTAL IND.	1	↓	1	↓	2	↓
TOTAL DEP.	11	←	0	←	9	←
TOTAL CLAIMS	12		1		11	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	